



ARMED FORCES RETIREMENT HOME

Application for Admission

Name

Today's Date _____ **Expected Date of Entry** _____

PLEASE COMPLETE THE FOLLOWING STEPS

1. Confirm your eligibility.
2. Complete all forms.
3. Obtain Proof of Service.
4. Mail application to the location of your choice.

Gulfport, Mississippi

Phone 1-800-332-3527

Local 228-897-4021

admissions@afrh.gov

AFRH-G

Attn: Admissions Office

1800 Beach Drive

Gulfport, MS 39507-1597

Washington, DC

Phone 1-800-422-9988

Local 202-730-3336

admissions@afrh.gov

AFRH-W

Attn: Admissions Office

3700 N. Capitol Street, NW

Washington, DC 20011-8400

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Confirm Your Eligibility

Veterans are eligible to become a resident of the AFRH if their active duty service in the military was at least **50 percent** enlisted, warrant officer or limited duty officer



and who are:

PLEASE CHECK ALL THAT APPLY:

- Veterans with 20 or more years of active duty service and are at least 60 years old. ☐
- Veterans unable to earn a livelihood due to a service-connected disability. ☐
- Veterans unable to earn a livelihood due to *non* service-connected disability, and who served in a war theater or received hostile fire pay. ☐
- Female veterans who served prior to 1948. ☐

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- Applicants must be free of drug, alcohol, and psychiatric problems, and never have been convicted of a felony.
 - Married couples are welcome, but both must be eligible in their own right.
 - At the time of admission applicants must be able to live independently. Specifically, they must be able to take care of their own personal needs, attend a central dining facility for meals and keep all medical appointments. If increased health care is needed after being admitted, assisted living and long term care are available at both campuses.

Have you ever applied to AFRH-Washington? ☐ YES ☐ NO

AFRH-Gulfport? ☐ YES ☐ NO

If yes, when? MONTH DAY YEAR

Have you ever lived at AFRH-Washington? ☐ YES ☐ NO

AFRH-Gulfport? ☐ YES ☐ NO

If yes, when were you discharged from AFRH-Washington? MONTH DAY YEAR

AFRH-Gulfport? MONTH DAY YEAR

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Personal and Family Information

Full Name _____
LAST FIRST MIDDLE

Social Security # _____ Military Service # _____

Address _____

Phone _____ E-Mail _____

Place of Birth _____ Date of Birth _____ Age _____

Are You:

☐ Male

☐ Female

☐ Married

☐ Single

☐ Divorced

☐ Separated

☐ Widowed

Mother's Full Name _____ ☐ Deceased

Father's Full Name _____ ☐ Deceased

Names of Children 1 _____

2 _____

YOU MAY CONTINUE ON
THE REVERSE OF THIS PAGE

3 _____

Where have you lived most of your life? _____

Highest grade completed in school _____

Your profession, trade or occupation _____

List some forms of community service, if any _____

What are your hobbies? _____

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Confidential Financial Information

Do you receive:

► **Military Retirement Pay** ☐ YES ☐ NO

► **VA Compensation (Disability)** ☐ YES ☐ NO

Percentage _____ % VA Claim # _____

► **VA Pension** ☐ YES ☐ NO Amount \$ _____

► **Social Security Disability** ☐ YES ☐ NO

Disability Condition _____

► **Social Security Benefits** ☐ YES ☐ NO

► **Early Social Security (Age 62)** ☐ YES ☐ NO

► **Civil Service Annuity** ☐ YES ☐ NO CSA # _____

.....
► **Other Income** ☐ YES ☐ NO

Do you file a Tax Return ☐ YES ☐ NO

Do you manage your own financial affairs ☐ YES ☐ NO

If no, do you have a conservatorship or guardianship ☐ YES ☐ NO

If yes, copy required upon admission

Do you have an authorized Power of Attorney ☐ YES ☐ NO

If yes, copy required upon admission

Do you have Medicare: Part A ☐ YES ☐ NO

Part B ☐ YES ☐ NO

Do you have any other medical or supplemental insurance ☐ YES ☐ NO

If yes, please give company's name _____

Do you have TRICARE PRIME ☐ YES ☐ NO

TRICARE STANDARD ☐ YES ☐ NO

TRICARE FOR LIFE ☐ YES ☐ NO



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Final Certification

I certify that the information in this application is accurate and factual to the best of my knowledge. I fully understand that any willful attempts to deceive or distort the information in my application may result in disapproval or if discovered after approval, may be reason for discharge from the Armed Forces Retirement Home, (AFRH.)

APPLICANT'S SIGNATURE

DATE

Anyone (other than the applicant), who has assisted in the preparation of this application must also sign below. A second signature is necessary if applicant did not fill out the application by themselves.

PREPARER'S SIGNATURE

RELATIONSHIP TO APPLICANT

I hereby authorize the release of my military and medical records from any U.S. Government or civilian source to the AFRH.

APPLICANT'S SIGNATURE

DATE

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by Title 24, United States Code, Section 412(c). The primary purpose for the information is to determine and verify eligibility for admission to the AFRH. The information is on a voluntary basis, but failure to provide the information requested may result in denial of admission. The information provided will be used by AFRH employees and authorized representatives and may be disclosed as permitted by law outside the AFRH.